

## State of South Dakota

## Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

Candidates and candidate committees: File in the office where you filed your nominating petition.  PACs, political party, ballot question and other committees:  File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070  S.D. SEC. OF STATE
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee South Dakotans for Medical Cannabis
Complete Mailing Address 61712 St 50500 St RL 50 57701
Name of Person Making Report S. Ja Pany Briggs Daytime Phone Number 605 484 1806
If you are a candidate, what office are you seeking?
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
instrakd measure - supported
Type of Report (See pages 4 & 5 of Guideline Book) Mid year
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 3WL 48 2WO
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT  STEPPING Set em 1 Bridgs  (print name legibly), certify that I have examined
this report and to the best of my knowledge and belief it is true, correct and complete.
Date: 7/3/06 Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001

Name of Candidate or Committee_	South	Day	cotans	Fur	Medical	Cannabis
For the reporting period ending						

## Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from	ı Individuals:		*\$ <u> </u>
Itemized Contributions from In	ndividuals  Residence Address	Place of Employment (Name of Employer)	
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	Total of Itemize	d Contributions from Individuals	

Name of Candidate or Committee 50	ruth Dakotons for Medica	1 Cannahis
For the reporting period ending	6129 106	
Schedule A	- Direct Contributions (continued)	
Solidatio A	- Direct Contributions (continued)	
Unitemized Contributions from Political Partie	s:	*8 🔿
Itemized Contributions from Political Parties		
Party Name	Address	
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· · · · · · · · · · · · · · · · · · ·	Total of Itemized Contributions from Political Parties:	*s (*)
	contributions from Functial Farties.	<u> </u>
Itemized Contributions from Political Action Co	mmittees (PAC's) - All contributions from PAC's must	
PAC Name	Address Address	be itemized,
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Total of Item	ized Contributions from Political Action Committees:	\$ *\$
Total of	f All Direct Contributions (Sum of all lines with an *)	s (

	Ap	pendix	В
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Name of Candidate or Committee:	SOUM	Danorons	W	Neuro	u cannab
For the reporting period ending:	61,40	106			
		-Raising Even			
List on this schedule fund-raising events held t contributor gives more than \$100 or their contr contributions must be itemized on Schedule A.	ribution results				
Type or Name of Event					Net Proceeds
Hemp Hoe DUND					1000.00
				Total:	\$ 1000.00
				I Otai;	\$ 1000.00
Report all non-cash contributions of goods or s of the contributor, residence address and place	of employment	must be reported.			eeds \$100, the name
Nature of Non-Cash Contribution		Name, Residence Ac Place of Employ		·	Estimated Value
				· · · · · · · · · · · · · · · · · · ·	
				Total:	\$ \( \)
	G 1 1 1 1	D 041 I			<u> </u>
Use this schedule to report any refunds, interes		D - Other Inco er income which is no		contribution.	
Source of Income	<u></u>	····			Amount
				<u> </u>	
				Total:	

Appendix B
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Name of Candidate or Committee:	South Dakotons for	Medical Carnabis
For the reporting period ending:	6178106	- <b>- -</b>

Ex	penses	Contributions Made to Candidates a	nd Committees
Item	Amount	Name of Candidate or Committee	Amount
Advertising			
Consulting			
Postage			
Printing			****
Rent			
Salaries			
Telephone	<u> </u>		
Travel			
Utilities			
List other expense	List other expense		
items below	amounts below		
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			ditures: \$ &

Appendix	D
Appendix	D

Name of Candidate or Comm For the reporting period endi	ittee: South Dukokans Fol ng: 6128106	Appendix Medical Cannabis
For the reporting period chair	18. OT #0100	
This schedule is to report all of the car has been contracted but not billed, esti	Schedule F - Debts and Oblindidate's campaign obligations which are unmate the amount of the obligation.	igations baid at the end of the reporting period. If a service
Owed to:	Purpose:	Amount
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Total Obligations: \$

Appendix B for Medical Connubis Name of Candidate or Committee: For the reporting period ending: **Summary Page** This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed. Amount on hand, if any, at the beginning of the reporting period: 2. Receipts Schedule A - Direct Contributions 1000.00 Schedule B - Fund-Raising Events Schedule C - In Kind Contributions Schedule D - Other Income Total of all Receipts \$\_1000.00 3. Total Monetary Receipts (A+B+D) Candidate's Personal Contribution to Own Campaign 5. Monetary Loans to Candidate or Committee During Reporting Period Monetary Loans Repaid During Reporting Period 7. Expenditures - Schedule E 8. Unpaid Obligations - Schedule F 9. Amount on hand at the close of this reporting period. \*

This should equal lines (1+3+4+5)-(6+7)